



PLEASE RETURN COMPLETED FORM TO:
 NZRDA National Office, PO Box 58110, Whitby, Porirua 5245
 Charities Commission Number: CC38921

YES, I want to Help NZRDA make a positive difference

AUTHORITY FOR AUTOMATIC PAYMENTS (Not to operate as an assignment or agreement)

PAYER DETAILS *To the Manager:*

| |
|-----------------|
| Name of Bank |
| Branch |
| Address |
| Name of Account |

IMPORTANT: PLEASE TICK

This is a new authority

OR

As of _____, this authority replaces existing authorities for \$ _____ in favour of the same payee.

Account Details

| | | | | |
|----------------------|----------------------|----------------------|----------------------|---|
| Bank | Branch No. | Account No. | Suffix | On behalf of: Name if other than payer: |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Details to appear on my/our bank statement

| | | |
|---------------------|-----------|---------------|
| Particulars | Code | Reference |
| R G D O N A T I O N | N Z R D A | P E G A S U S |

FREQUENCY AND AMOUNT

| | | |
|--|-------------------|---|
| First Payment Date | Last Payment Date | OR Until Further Notice <input type="checkbox"/> <i>(please tick)</i> |
| Frequency <i>(please tick one)</i> <input type="checkbox"/> Weekly <input type="checkbox"/> Fortnightly <input type="checkbox"/> Four Weekly <input type="checkbox"/> Monthly <input type="text"/> Other (state) | | |
| Fixed Amount | Amount (\$) | Amount in Words |
| Variable First Amount | Amount (\$) | Amount in Words |
| Variable Last Amount | | |

PAYEE DETAILS *Pay to the Credit of:*

| | |
|---|---|
| Name of Bank BNZ | Name of Branch Manners Street |
| Name of Account NZ Riding for the Disabled Association (inc) | Bank Branch No. Account No. Suffix <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |

Details to appear on Payee's bank statement

| | | |
|-------------|---------------|-----------|
| Particulars | Code | Reference |
| | R G M 2 0 2 1 | |

AUTHORISATION

1. Please make this automatic payment as detailed by debiting my/our account.
2. I/We understand and accept that the Bank accepts this authority only on the conditions above.

| | |
|-----------------|-----------------------|
| Name of Account | Signature |
| Date / / | Contact Telephone No. |